

Please type a plus sign (+) inside this box → ☐**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/495,036
Filing Date	January 31, 2000
Inventor(s)	Nancy D. GRIFFET
Group Art Unit	2665
Examiner Name	Justin Philpott
Attorney Docket Number	29250-000920/US

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Technology Center 2600

ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form

<input checked="" type="checkbox"/> Fee Attached

<input checked="" type="checkbox"/> Amendment

<input type="checkbox"/> After Final

<input type="checkbox"/> Affidavits/declaration(s)

<input type="checkbox"/> Extension of Time Request

<input type="checkbox"/> Express Abandonment Request

<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/Incomplete Application

<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)

<input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)

<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition

<input type="checkbox"/> Petition to Convert to a Provisional Application

<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Request for Refund

<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group

<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)

<input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter

<input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|--|--|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual name

Harness, Dickey & Pierce, P.L.C.

Attorney Name
John E. CurtinReg. No.
37,602

Signature

Date

October 6, 2004

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
for FY 2004**

Patent fees are subject to annual revision.

Complete if Known

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TOTAL AMOUNT OF PAYMENT (\$) 430.00

Technology Center 2600

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)																																																																																																																																																					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, P.L.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td></td></tr> <tr><td>1053</td><td>1053</td><td>1053</td><td>130</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td></td></tr> <tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td>430</td></tr> <tr><td>1253</td><td>980</td><td>2253</td><td>490</td><td></td></tr> <tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td><td></td></tr> <tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td><td></td></tr> <tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td></td></tr> <tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td></td></tr> <tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td></td></tr> <tr><td>1453</td><td>1,370</td><td>2453</td><td>685</td><td></td></tr> <tr><td>1501</td><td>1,370</td><td>2501</td><td>685</td><td></td></tr> <tr><td>1502</td><td>490</td><td>2502</td><td>245</td><td></td></tr> <tr><td>1503</td><td>660</td><td>2503</td><td>330</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td></td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td></td></tr> </tbody> </table>					Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	1051	130	2051	65		1052	50	2052	25		1053	1053	1053	130		1812	2,520	1812	2,520		1804	920*	1804	920*		1805	1,840*	1805	1,840*		1251	110	2251	55		1252	430	2252	215	430	1253	980	2253	490		1254	1,530	2254	765		1255	2,080	2255	1,040		1401	340	2401	170		1402	340	2402	170		1403	300	2403	150		1451	1,510	1451	1,510		1452	110	2452	55		1453	1,370	2453	685		1501	1,370	2501	685		1502	490	2502	245		1503	660	2503	330		1460	130	1460	130		1807	50	1807	50		1806	180	1806	180		8021	40	8021	40		1809	790	2809	395		1810	790	2810	395		1801	790	2801	395		1802	900	1802	900	
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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY				Complete (if applicable)			
Name (Print/Type)	John E. Carrin	Registration No. Attorney/Agent)	37,602	Telephone	703-668-8000		
Signature			Date	October 6, 2004			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038, Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

 10/07/2004 REKADU 09495036
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